



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: November 1, 2016

MHSUDS INFORMATION NOTICE NO.: 16-055

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF
CALIFORNIA

SUBJECT: COUNTY INMATE AID CODES (F3, F4, G3, and G4)

The purpose of this Information Notice is to inform county Mental Health Plans (MHP) of the deployment of the following County Inmate Aid Codes into the Short-Doyle/Medi-Cal and USL Financial Systems on September 13, 2016: F3, F4, G3, and G4. The county inmate aid codes are effective January 1, 2014.

Medi-Cal County Inmate Program

The purpose of the Medi-Cal County Inmate Program is to allow federal reimbursement for services provided to Medi-Cal eligible county inmates. Counties with inmates in a county correctional facility, who receive psychiatric inpatient hospital services off of the grounds of the county correctional facility, will be allowed to enroll these inmates into Medi-Cal for purposes of federal claiming. As a result, MHPs will be able to claim federal reimbursement for these psychiatric inpatient hospital services. The following are county inmate aid codes, which are listed on the Master Aid Code Chart located at <http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SDMCAidCodeChart11-24-15.pdf>: F3, F4, G3, G4, N0, N7, N8, G5, G6, G7, G8, J1, J2, J3, J4, J5, J6, J7, J8, K6, K7, K8, and K9.

Submission of Claims for Specialty Mental Health Services (SMHS)

County MHPs should adhere to [Information Notice 13-20](#) regarding the submission of original and replacement claims within the specified timeframes. Original and replacement claims that exceed the 12-months and 15-months from the date of service, respectively, will require the submission of a Delay Reason Code (DRC) Request package to the Mental Health Services Division, County Customer Services Section (MedCCC), via electronic mail (e-mail) at MedCCC@dhcs.ca.gov. The DRC package must include “[County Name] MHP, SDMC County Inmate-DRC Request” on the subject line of the e-mail.

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The DRC Request must be on the county MHP's letterhead, signed by the MHP Director and include the following information:

1. Service periods;
2. Billed amounts by month; and
3. Payer Claim Control Numbers of denied claims grouped by error code(s).

If the DRC request is approved, MedCCC will provide additional claiming instructions to the county MHP. If the DRC request is not approved, MedCCC will provide appeal instructions to the county MHP.

Questions regarding the content of this Information Notice or its enclosure that are related to SMHS may be directed to the MHSD County Customer Services Section at: MedCCC@dhcs.ca.gov or (916) 650-6525.

Sincerely,

Original signed by3

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health and Substance Use Disorder Services